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Sam Brownback, Governor

IMMEDIATE RELEASE
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Continuity of care top priority for KanCare transition

Brownback administration launches daily Rapid Response Calls

Topeka – With the launch of the state's new Medicaid program known as KanCare less than a week away, the State of Kansas continues its efforts to ensure Kansans who depend upon Medicaid and Healthwave continue to receive all the care they need and have come to expect.

"We continue to work diligently to improve the coordination and quality of care for Kansans on Medicaid and Healthwave. During this transition we are very aware of the accessibility concerns brought up by consumers, advocates and providers, and we will continue to be responsive to those concerns," Kansas Department of Health and Environment (KDHE) Medicaid Services Director Susan Mosier, M.D. said.

KanCare is Kansas' innovative new system to provide Medicaid services through an integrated care model that achieves measurable goals and focuses on wellness and care coordination. In addition to current program benefits, KanCare also adds services such as heart and lung transplants, bariatric surgery and adult preventive dental care at no cost to the state.

Dr. Mosier stressed the state's **KanCare Continuity of Care Plan** includes a number of protections the three managed-care organizations (MCOs) contracted by the state must meet in order to preserve KanCare consumers' existing health care services.

"The most important fact KanCare consumers and their families need to know is that their medical care and the services they receive will continue – uninterrupted – when KanCare launches on January 1st," Dr. Mosier said. "We cannot stress this enough - the three MCOs must honor all existing plans of care, prior authorizations and established provider/member relationships - even if the established provider is not in the MCO network."

The **KanCare Continuity of Care Plan** also provides:

- MCOs must pay Medicaid fee-for-service rates to established providers through the first 90 days – even if the provider is not in the MCO network.

- MCOs must pay Medicaid fee-for-service rates to residential providers for the first year for KanCare consumers currently living in a Medicaid-reimbursed residential setting, such as a nursing facility - even if the residential provider is not in the MCO network.

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- MCOs must pay Medicaid fee-for-service rates to Home and Community Based Services (HCBS) providers up to an additional 90 days for KanCare consumers with existing plans of care if a new plan of care is not in place within 90 days of Jan. 1, 2013 - even if the HCBS providers are not in the MCO network.-more-

- All KanCare consumers have until April 4, 2013, to switch their MCO to one of the other two. Any changes made after Jan. 1, 2013, will take effect the first day of the following month.

- MCOs must make sure specialty care is available to all members. They are required to meet distance or travel time standards. If the MCO does not have a specialist available to members within those standards, it must allow members to see out-of-network providers. If the MCO is unable to provide medically-necessary services in its network, it must cover those services out-of-network and must have single-case arrangements or agreements with non-network providers to make sure members have access to covered services. The rate will be negotiated between the plan and the provider. Providers cannot bill members for any difference.

- MCOs cannot limit emergency services to in-network hospitals. As required by federal law, the state's KanCare contract requires each MCO to cover and pay for emergency services, including services needed to evaluate or stabilize an emergency medical condition—regardless of whether the provider that furnishes the service has a contract with the MCO.

- For other out-of-network services—after the transition—MCOs will pay out-of-network providers that choose to serve Medicaid members 90 percent of the Medicaid rate. Under federal law, the KanCare consumer cannot be made to pay the difference in standard rates and those paid by the MCO.

"The MCOs continue to build their provider networks—and they won't stop on January 1st when KanCare launches," Dr. Mosier said.

The Administration also began daily **KanCare Rapid Response calls** this week. Kansas Department for Aging and Disability Services Secretary Shawn Sullivan said the calls allow consumers, providers and stakeholders to ask questions about their individual concerns about the transition to KanCare.

"Of course when starting down any new path, there are occasional bumps along the way. We take these very seriously and have built into the system ways to remedy these situations quickly and fairly," Sec. Sullivan said.

Sec. Sullivan encouraged Kansans with any questions or concerns about KanCare health plans, providers or services, to join the KanCare Rapid Response call held Monday - Friday at 9:00 a.m. CT at 1-877-247-8650 and use ID code 79687456. (*Note: Because of the New Year's Day holiday, there will not be a call on Tuesday, Jan. 1st.)*

If Kansans are unable to join the daily call, they also can call the KanCare Consumer Assistance Line at 1-866-305-5147.

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